ST VINCENT'S HOSPITAL MELBOURNE
Education and Learning

Reviewed and updated August 2023

ST VINCENT'S HOSPITAL MELBOURNE (SVHM)
BASIC LIFE SUPPORT PRACTICAL ASSESSMENT
- All Areas -

Participant's name:..... Employee ID Number: .....

Trainers: When completed please forward this form to svhm.education.mandatorytraining@svha.org.au

The Basic Life Support (BLS) competency assessment comprises of:

- Successful completion of the online SVHA BLS Learning Package via Workday within the last 5 years, with a pass rate of 100%.
- Demonstration and articulation of the BLS techniques in a scenario-based practical assessment.

All nurses, medical staff and allied health, as listed in the SVHM Code Blue Medical Emergency Policy, must be accredited as competent in BLS annually. Practical assessments, which will take approximately 30 minutes, will be conducted annually by an accredited BLS assessor. New staff are expected to complete the BLS competency within 8 weeks of commencing employment at SVHM.

At completion of the BLS competency assessment staff should have met the following objectives/ competency standards:

- Identify major hazards rescuers may encounter when assisting a patient experiencing a medical emergency.
- Demonstrate the technique for assessing responsiveness.
- Identify correct time to send for help and correct procedure according to your usual area of practice.
- Identify the rationale for opening the airway of a patient who is not responsive and demonstrate both the head tilt chin lift and jaw thrust techniques.
- Demonstrate appropriate technique and use of equipment when clearing an airway.
- Demonstrate the procedure for managing a foreign body airway obstruction.
- Demonstrate the look, listen and feel approach to assessing breathing.
- Correctly demonstrate the technique for determining the appropriate size and insertion method for an oral airway and use of bag-and-mask method.
- Demonstrate the technique for performing chest compressions in adults.
- Identify the correct compression to ventilation ratio for adults.
- Demonstrate the appropriate use of an Automated External Defibrillator (AED) or a defibrillator *in AED mode*, including the method for applying the pads.
- Identify that the staff member has safety checked the local defibrillator at least once in the past 3 months and can demonstrate knowledge of the major safety considerations when using the defibrillator.
- Demonstrate positioning of a patient in the 'recovery' position.
- A "real time" simulated resuscitation using the **DRSABCD** sequence for 2 minutes.
- Communicating appropriately with other staff during 'group assessment'.
- Can verbalise the safety considerations for BLS in the COVID-19 patient.

Competent: YES / NO (please circle) **Date:** .....

Assessor - Name: ……Signature: .....

Comments: .....

1. INITIAL ASSESSMENT **a. Identifies the BLS algorithm** ▪ D – Dangers ▪ R – Responsive ▪ S – Send for Help ▪ A – Open Airway ▪ B – Normal Breathing? ▪ C – Start CPR ▪ D – Attach Defibrillator **b. Demonstrates initial assessment of a patient experiencing an emergency** ▪ Checks for **danger** to self, collapsed person and bystanders ▪ Is the patient considered SCOVID/COVID? ▪ Ensure first responder has appropriate PPE in place as per the current Staff PPE Guidelines before commencing CPR ▪ Demonstrates techniques for establishing **responsiveness** 'talk and touch'. If no response - painful stimulus (Sternal pressure/ Trapezius pinch) ▪ Identifies how to **send for help**: location of emergency buttons **if available*	**Competent** YES / NO YES / NO
2. AIRWAY MANAGEMENT **Identify the rationale for opening the airway and demonstrates:** **Backward head tilt / chin lift** ▪ Collapsed person positioned on their back (supine) with rescuer at side of their head. Head tilted backward by placing one hand on the forehead. Supports the jaw and provides chin lift. **Jaw thrust** ▪ Collapsed person positioned on back (supine) with rescuer at top of their head. Both hands used to support jaw and thrust upwards. Provide head tilt. **Manual clearance of the airway** ▪ Uses suction (if available) to clear the airway ▪ Finger swoop only acceptable in community settings ▪ Identifies the major precautions and potential hazards associated with clearing the airway **Foreign body airway obstruction** ▪ Demonstrate the procedure for managing a foreign body airway obstruction in a responsive/unresponsive patient (call for help ***as per local policies***) **Demonstrates technique for measuring and inserting an oral airway **if available*** ▪ Measures for appropriate size, corner of the mouth to the angle of the jaw. ▪ Correctly inserts airway (upside down) and rotates into correct position	 YES / NO YES / NO YES / NO YES / NO YES / NO / N/A
3. BREATHING **a. Demonstrates assessment of breathing** ▪ Demonstrates the 'look, listen and feel' approach to assessing breathing (in supine position) ***whilst maintaining an open airway***. ▪ If patient is unresponsive and breathing, place in 'Recovery/Lateral' position ▪ If patient is *abnormally/not* breathing – Initiate appropriate emergency response ***as per local policies*** and immediately commence chest compressions. ▪ **Demonstrates correct technique for ventilation using bag to mask circuit** *(mouth to mask ventilation not to be performed at times when the community recommendation is to wear masks for COVID-19).* ▪ Correctly connects to oxygen (10L/min) *if using bag and mask circuit* ▪ Ensures HME viral filter connected to bag and mask circuit regardless of the patient's COVID-19 status ▪ Correctly positions device over mouth and nose	 YES / NO YES / NO

▪ Checks to ensure no leaks ▪ Achieves good seal while maintaining jaw thrust ▪ Observes for rise and fall of the chest with each inflation	
4. Compressions **Demonstrates correct method of delivering chest compressions** ▪ Locates lower half of sternum ▪ Shoulders vertical over sternum with heel of lower hand positioned over lower half of sternum and upper hand positioned on lower hand. ▪ Compresses to depth of >5 cm or 1/3 chest depth ▪ Compresses at a rate of 100 – 120 beats per/min ▪ States correct ratio of compressions/inflations: 30 compressions to 2 inflations (pause in compressions for delivery of breaths). ▪ Demonstrates smooth changeover between two operators (every 2 minutes)	YES / NO
5. AED - SAFETY REQUIREMENTS AND CHECKING PROCEDURES ▪ Discusses proper skin preparation prior to placement of pads ▪ Turns on the AED and follows prompts ▪ Correct placement of defibrillation pads ▪ Ensures no one is touching patient when AED is analysing rhythm ▪ Visually checks the patient and verbally states “stand clear” prior to delivering shock ▪ Follows prompts and recommences CPR if required in a timely manner ▪ Can list safety requirements regarding: wet surfaces, implanted devices, medication patches, jewelry, oxygen and AED use on children. ▪ Can discuss maintenance requirements of the AED ie checking procedure	YES / NO/ N/A
6. NO AED AVAILABLE (i.e. Community/Residential Areas) ▪ Focus on good quality CPR ▪ Prepare patient for potential defibrillation when response team arrives ▪ Discusses proper skin preparation ▪ Can list safety requirements regarding: wet surfaces, implanted devices, medication patches and jewelry	YES / NO/ N/A
7. DOCUMENTATION ▪ Time patient was ‘found’ and when response team arrived ▪ Major medical diagnosis & relevant past history ▪ Summary of events preceding the emergency ▪ Peripheral/central lines inserted (IVC, CVC) ▪ Drugs administered ▪ Observations (BP, Pulse, Rhythm, RR, SpO2) ▪ Defibrillation ▪ Use “Code Blue/MET Observations” chart to record observations and events if available ▪ Other relevant information – e.g. neurological state ▪ Family notified ▪ Outcome ▪ Documentation of outcome in progress notes.	YES / NO
8. Simulated ‘REAL TIME’ CPR ▪ Demonstrates simulated “real time” two operator CPR sequence for 2 minutes ▪ Follows correct sequence of **DRSABCD**	YES / NO

9. TEAM WORK & COMMUNICATION ▪ Communicates effectively with other team members when performing 'group' assessment ▪ Rotates through all roles i.e. first responder, airway, compressions, safe defibrillation	YES / NO
10. COVID-19 CONSIDERATIONS in BLS ▪ Can verbalise the considerations for suspected or confirmed COVID-19 patients o **Danger**: Don Modified Airborne Precaution PPE. Minimise staff in the room. o **Response /Send for Help:** Check for response. Press Emergency Button/dial 2222 call **'Code Blue PPE'** o Assessing **ABCD** as per BLS guidelines	YES / NO

References

SVHM's Basic Life Support (BLS) Guidelines